PATIENT NAME: MYERS,RICHARD D
MED REC NO: [redacted]
DOB: [redacted]
ATTENDING PHYSICIAN: LEADABRAND, CATHERINE ,MD
ADM DATE: 01/13/19
REPORT DATE: 01/15/19 0823
REPORT AUTHOR: LEADABRAND, CATHERINE ,MD

Discharge Summary

Date

TRANSFER DATE 1/14/19

Discharge Diagnosis

Primary Discharge Diagnosis: Polypharmacy overdose

Secondary Diagnosis: Schizophrenia
Suicidial ideation

Hospital Course

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PRIMARY DIAGNOSES:
Polypharmacy overdose with gabapentin, Wellbutrin, and possibly clonidine

SECONDARY DIAGNOSES:
Schizophrenia, uncontrolled
Depression with prior suicidal attempt
Aggressive behavior recently
History of self-harm (cutting)

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Other conditions:
Questionable autism (per chart)
PSH: Arm muscle/tendon/nerve repair; left ankle ORIF

REASON FOR ADMISSION: 25-year-old male with history of schizophrenia and previous suicidal attempts admitted the ED late 1/13/19 with polypharmacy overdose. Patient had taken several gabapentin as well as a large amount of Wellbutrin and perhaps some clonidine. He admitted that this was an intentional suicide attempt. He was recently released from jail and had contact his sister. No other acute physical complaints at time of admission was groggy from the overdose.

Later he admitted that he has been abusing gabapentin and Wellbutrin for some time over the last 2 weeks as well as intermittent heroin. Denied any alcohol use nor was there any evidence of recent alcohol abuse or alcohol withdrawal.

HOSPITAL COURSE: He was rehydrated overnight and the next morning appeared euvolemic and had pulled several IVs so was placed on saline lock. He was kept off his psychotropic meds, which as he had been suspected to be noncompliant with several of them and had taken approximately 8000 mg of gabapentin, unknown quantity of Wellbutrin and possibly clonidine. Drug screen and alcohol screen were fairly unremarkable except for marijuana. Benzodiazepine was started for agitation and anxiety. He had no arrhythmias on telemetry monitoring. ECBH saw the patient and recommended involuntary committal to Avera behavioral health. Patient was monitored in a locked room while awaiting committal and was stable for transfer by ambulance by the afternoon after admission.